

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 10-018,456  
FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3						
4		13				
5		100				
6		100				
7		100				
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TOTAL IND.	3					
TOTAL DEP.	4					
TOTAL CLAIMS	7					

	IND.	DEP.	IND.	DEP.	IND.
51					
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					